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**** CONTINUING DATA** (none) ST *****

**** FOREIGN APPLICATIONS** (none) ST *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/11/2002

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|---|-------------------------------|----------------------------|---------------------------------|--------------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY MN | SHEETS DRAWING 8 | TOTAL CLAIMS 23 14 | INDEPENDENT CLAIMS 18 6 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature: <u>SO</u> Initials: _____ | | | | |

ADDRESS

31647

TITLE

Weighted fair queue having adjustable scaling factor

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| FILING FEE RECEIVED 2234 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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